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	Z MI	Total		Minus	**		=	X\$ 9	=		OR	X\$18=	

* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM

** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."

Minus

***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

OR

OR

OR

X43 =

+145=

ADDIT. FEE

TOTAL

X86=

+290=

ADDIT. FEE

TOTAL

AMENDMENT A

AMENDMENT

AMENDMENT C

Independent